



SNP MODEL OF CARE ANNUAL  
EVALUATIONS FOR 2018

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INSTITUTIONAL/INSTITUTIONAL EQUIVALENT  
SPECIAL NEEDS PLANS (I/IESNP)

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DUAL SPECIAL NEEDS PLAN (DSNP)

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CHRONIC SPECIAL NEEDS PLAN - DIABETES  
(CSNP)

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# OVERVIEW & EXECUTIVE SUMMARY

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## 2018 SNP MODEL OF CARE ANNUAL EVALUATION

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Under the Medicare Modernization Act of 2003 (MMA), Congress created a new type of Medicare Advantage coordinated care plan focused on individuals with special needs. Special Needs Plans (SNPs) were allowed to target enrollment to one or more types of special needs individuals identified by Congress as: 1) institutionalized and/or institutionally equivalent; 2) dually eligible; and/or 3) individuals with severe or disabling chronic conditions.

In 2018, Simply Healthcare Plans (SHP) offered four (4) Plans through its contract with the Center for Medicare and Medicaid Services (CMS), serving members in each of the identified population types above. The following provides a list of the plans and a brief description of their differentiating features.

1. The Simply Care and Simply Comfort special needs plans serve institutional and institutional equivalent members, known as the ISNP and IESNP or I/IESNP collectively. The ISNP target population consists of Medicare beneficiaries who are residing, or are expected to reside, 90 days or longer in a long-term care facility (defined as either: skilled nursing facility or inpatient psychiatric facility). The IESNP target population consists of those who meet institutional level of care requirements but reside in the community at home or in a community-based setting such as an assisted living facility.
2. The Simply Complete special needs plan serves dual Medicare and Medicaid beneficiaries and is known as the DSNP. SHP received CMS approval to offer a dual eligible SNP beginning on January 1, 2012. Since SHP contracts with the State of Florida to cover Medicaid services, SHP is managing dual eligible beneficiaries' Medicare and Medicaid coverage and coordinates with other plans for the Medicaid long-term care benefit as appropriate.
3. Simply Level is a chronic special needs plan serving individuals living with diabetes mellitus, type 1 or type 2, known as the CSNP.

Individuals eligible for any of the above Plans are entitled to receive medical assistance under title XIX, reside in the SHP service area and have Medicare Part A, Part B, and Part D and must not be under treatment for ESRD (end-stage renal disease). SHP is responsible for providing benefits or arranging for benefits to be provided, for all its Plan members and believes that integrated specialized care delivery systems across all domains may result in improved outcomes, lower costs and have a positive impact on the overall health and quality of life for members.

### **Annual Evaluation Process:**



SNP programs each follow an approved Model of Care (MOC) which describes the care and resources to be provided to members from the health plan. As a SNP, SHP is responsible to

conduct an annual evaluation of programs. The MOC Taskforce, comprised of representative members from key SHP departments (i.e., Quality Management, Health Services, Pharmacy, Member Services, Medical Economics, Compliance, and Provider Relations, etc.), collects, analyzes, and reports on data that is used to evaluate the effectiveness of each SNP MOC towards goals. In this process, the MOC Taskforce develops key findings and identifies any follow-up actions needed.

SHP utilizes various tools to measure and track the progression of the goals and timely identification of barriers. These include reports, aggregate and detail level run at various time frames (monthly, quarterly, bi-annually and annually). The outcomes of the goals are measured utilizing a variety of tools including, but not limited to: the Health Risk Assessment (HRA); chart audits; ER and hospitalization utilization; satisfaction and health outcomes survey questions; call center statistics; pharmacy/plan benefit review; and interim HEDIS measures. The results are summarized at an organizational level to identify areas of strength and opportunities to improve the MOCs for each of the individual goals measured. To pass at least 80% of indicators must be met for each goal. All six 2018 goals were met.

**Key Findings & Recommendations** (Approved through Quality Improvement Committee Review):

### **Goal 1: Improve Access to Affordable Medical, Mental Health, and Social Services**

SHP strives to facilitate an interdisciplinary approach to the provision of, and access to, appropriate timely and cost-effective health care services. When health care needs can be anticipated and identified early in the continuum of care, members can often be assisted with less intense and intrusive services. By working closely with the member/caregiver, primary care physician, and ancillary providers, the care manager can anticipate required services and arrange these to be provided in the most cost-effective setting and provide quality care to meet the member's health care needs accessing available benefits and community or informal resources.

SHP's MOC Taskforce has determined that this overall goal has been met 100% for the SNPs (10 of 10 indicators for I/IESNP met and 9 of 9 indicators for both DSNP and CSNP were met). Based on the results achieved, SHP will continue to assess the adequacy of performance indicators towards demonstrating needs are met across the health care continuum.

Areas of improvement/strength for all SNPs:

- Member and PCP participation in comprehensive Interdisciplinary Care Team (ICT) meetings continued to improve in 2018 due to efforts targeted at high-risk members.
- Case management chart audit scores demonstrated effective coordination of needs and case manager understanding of requirements/expectations. The new target of 95% fully or partially



met approved by the Taskforce the previous year was met in all of the indicators and target will be maintained for 2019.

- There were no network gaps identified and benefits were stable and relevant to member needs.

It was noted that Chart Audit tools will be changing this year as audit processes will transition to the Anthem PIE Audit team on April 1, 2019. This may change questions for evaluation next year although a 95% compliance is targeted. New questions to be evaluated will be presented to QMC later this year for inclusion on 2019 evaluation. There are no follow-up recommendations at this time.

## **Goal 2: Improved coordination of care through an identified point of contact or gatekeeper**

SHP's MOCs utilize a gatekeeper model where the primary care physician acts as a gatekeeper. The gatekeeper is the Plan member's contact point to refer for testing and specialist referrals or other needs. The Plan's case manager who is an ARNP or RN, acts as a point of contact or liaison between the member and all care providers and assists in accessing formal and informal benefits/services.

SHP's MOC Taskforce has determined that this overall goal has been met (100% I/IESNP 28 of 28 indicators met; 92.6% DSNP 25 of 27 indicators met and 88.88% CSNP 24 of 27 indicators met.

Areas of improvement/strength:

- The Health risk assessment HRA initial and annual completion rates for all plans were high at over 90% for initials and over 87.8% for annuals. These rates demonstrated improvement across SNPs but fell below CMS new target of 100% for the DSNP and CSNP. The taskforce has considered the new targets to be very challenging as they do not allow for member refusals or account for members who we are not able to contact. As a result, it was agreed that due to strong and stable performance corrective actions were not needed at this time. A threshold was also set for when these measures will require action plans as follows: if HRA completion rates fall below 85% or HRAs completed/Unable to Contact/and refused combined fall below 95%.
- Provider Medical Record Reviews were used in the MOC Annual Evaluation and yielded impressive results. Most of the providers were above the goal of the 85<sup>th</sup> percentile, average ranking 90%, in meeting the General Medical Component requirement.
- Case management chart audit scores for collaborative efforts in coordinating care were all met at higher target thresholds in all but one measure. CSNP chart audit results for the question "Did the Care Manager monitor and address services or potential barriers to services affecting the documented goals of care?" was 92.3% met under the target of 95%. Staff will be retrained on this measure and this will be reported in 2<sup>nd</sup> quarter QMC. New chart audit questions may be added for 2019.
- Satisfaction survey results had an excellent improvement compared with 2017; the findings were very positive overall and the new target goal of 90% per measure was met for all the indicators.

Based on the results achieved, SHP will continue to assess performance indicators to ensure improved coordination of care through a single point of contact or gatekeeper. There are no additional follow-up recommendations at this time or corrective action measures needed.



### Goal 3: Improve Transitions of Care across Settings and Providers

SHP's MOC Taskforce has determined that this overall goal has been met for all SNPs (90.1% I/IESNP 10 of 11 indicators met; 81.8% DSNP 9 of 11 indicators met and 90.91% CSNP 10 of 11 indicators met).

Areas of improvement/strength:

- All-cause 30 day readmission rates
  - I/IESNP 8% (17% in 2017). This is considered the best rate achieved from the IIESNP plan since implementation of the MOC evaluation.
  - DSNP 17% (16% in 2017). Readmission rate increased slightly in the DSNP program from 16% in 2017 to 17% in 2018 but still was within the target goal of  $\leq 18\%$ .

The goal for all-cause readmission rates are based on data that does not include case risk adjustments and other technical specifications used to obtain the STARS readmission rate calculated yearly. As a result, the percentages achieved are higher than the adjusted.

- Emergency room (ER) visits per 1000 also decreased in the I/IESNP from 1048 x1000 in 2017 to 895 x1000 in 2018.
- Emergency room (ER) visits per 1000 increased slightly in the DSNP program from 853 x1000 in 2017 to 921 x1000 in 2018 but still was within the target goal.
- Emergency room (ER) visits per 1000 also had a slightly increased in the CSNP program from 795 x1000 in 2017 to 855 x1000 in 2018 but still was within the target goal.

Opportunities for improvement or changes identified:

- I/IESNP indicator for 14 day post-discharge call was below goal for I/IESNP and DSNP. DSNP 30 day post discharge call goal was also below target. This is attributed to directives provided to case managers to prioritize weekly post-discharge follow-up with members at high risk for readmission and allow for reduced weekly attempts for those at lower risk. No action plans to increase rates were determined needed at this time but targets were reset for 2019 as follows:
  - 14-day call target adjusted to 71% I/IESNP and 60% DSNP
  - 30-day call target adjusted to 60% for DSNP
- All-cause 30 day readmission rates for CSNP averaged 20.00% which is the same rate achieved in 2017 but below goal. New readmission risk identification tools are being implemented for 2019. Recommendations have been made to continue focus in this area and no corrective action is required.



Based on the results achieved, SHP will continue efforts to improve transitions of care across settings and providers. The results of efforts will be monitored on an ongoing basis and changes implemented as needed.

#### **Goal 4: Improve Access to Preventative Health Services**

SHP's MOC Taskforce has determined that this overall goal has been met (100% I/IESNP 12 of 12 indicators; 100% DSNP 13 of 13 indicators and 100% CSNP 13 of 13 indicators met). Interim HEDIS results show multiple improvements over the National Mean and in most cases over 2017 results where comparative data was available. The plan provides abundant access to preventative health services through its network and benefits. Members are encouraged to avail themselves of these services by providers, case managers, and through additional special initiatives.

Areas of improvement/strength across SNPs:

- Interim HEDIS results for measures related to Care for Older Adults well exceeded the National Means in the DSNP and CSNP.
- Interim HEDIS results for measures related to Comprehensive Diabetes Care surpassed the National Mean and demonstrated improvement from 2017 overall.
- In 2018, Simply Health partnered with Morpace Market Research & Consulting to conduct a provider satisfaction study. As a result, the taskforce has approved the four new questions selected from the survey for 2018 MOC evaluation. Overall outcomes remains positive. Providers feel the Disease and Case Management programs have had a positive impact on the quality of life and health of patients enrolled in such programs. More providers feel Simply Health is “better” or “much better” than other plans on Case Management services.

Based on the results achieved, SHP will continue planned efforts to improve access to preventative health services and no additional follow-up recommendations were identified.

#### **Goal 5: Assure Appropriate Utilization of Services**

SHP's MOC Taskforce has determined that this overall goal has been met 100% for I/IESNP and DSNP (7 of 7 indicators met for both plans). CSNP programs met the goal at 85.7% with 6 of 7 indicators met).

Areas of improvement/strength:

- Chart audit findings demonstrate that member utilization is being monitored, members are assisted in obtaining needed services, and case managers are properly facilitating needed care in the most cost-effective setting appropriate for care. Tool will change for 2019 evaluation.
- Provider medical record reviews conducted by the Quality Management Department continue to demonstrate no adverse trends in the network for all SNP populations served.

Opportunities for improvement:



- CSNP had 453 admissions x 1000 and did not meet target parameter (target  $\leq 402/1000$ ).  
Actions to be taken include;
  - Increase percentage of high risk members in case management to at least 40% of opt-in caseload. Add metric to 2019 MOC evaluation.
  - Decrease percentage of high risk opt-outs to  $\leq 15\%$  of opt-out caseloads. Add metric to 2019 MOC evaluation.

Based on the results achieved, SHP will continue planned efforts to assure appropriate utilization of services.



## **Goal 6: Improve Member Health Outcomes**

SHP's MOC Taskforce has determined that this goal has been met for all SNPs (I/IESNP 83.3% or 10 of 12 indicators met; DSNP 85.7% or 12 of 14; CSNP 92.85% or 13 of 14 indicators). Member health outcomes are evident through a variety of measurement sources. A review of member health conditions and prevalence rates was conducted to determine if there were any significant increases in identification of new diagnoses or onset of new illnesses for members and to determine if any new initiatives are needed. Findings were consistent with expectations and the MOCs. As a result, there are no changes to the target population or current processes.

### Areas of improvement/strength:

- Satisfaction survey results had positive results and each indicator met the new target goal of 90% “Strongly Agree/Agree”, or at least 10% improvement in underperforming measures from previous year.
- Significantly more members maintained or improved Health Risk Assessment (HRA) risk scores (low, moderate, high) in 2018 compared to 2017.
- Members showed good improvement in self-perception of health.

### Opportunities for improvement:

- HEDIS measure for “Use of High-Risk Medications in the Elderly (one and two prescriptions)” fell below the target for I/IESNP and for the DSNP plan it fell below for one prescription. The Taskforce identified actions needed to improve. Quality will provide list of members with high-risk medications identified to the Plan Pharmacy Department to review. The Pharmacy department will provide case management with any concerns or potential recommendations and Interdisciplinary Care Team (ICT) meetings with physicians/PCPs will be coordinated to discuss. The PCP will make determination of changes needed, if any. Progress will be reported through the QMC.
- DSNP had an increase in members reporting depressive symptoms. The Taskforce identified actions needed to improve to include improvement in the Beacon/Simply behavioral health ICT process and report improvements in QMC, as well as, monitor CM referrals to behavioral health provider. The latter will be added as a measure for 2019 with target set at an average of 10 referrals per month beginning April 2019 (90 total).
- CSNP demonstrated an increased percentage in members reporting assistance needed to bathe. This was attributed to 2018 growth in membership and increased geographic areas served. Since there is no new expansion for 2019, this is expected to remain stable and target has been adjusted for 2019 based on 2018 results. No actions are needed at this time.

Based on the results achieved, SHP will continue efforts to improve member health outcomes.

### **Conclusion for 2018 MOC Annual Evaluations:**





The Simply Healthcare Plan's MOC Annual Evaluation Taskforce has concluded that overall goals for each Special Needs Plans have been met. There were no corrective actions but follow-up is expected where opportunities for improvement were noted with recommended actions steps. These actions are to be reported in subsequent Quality Improvement Committee Meetings.